

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK, MANHATTAN DIVISION

Case number (*if known*)

Chapter you are filing under:

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Eric

First name

R.

Middle name

Bring your picture identification to your meeting with the trustee.

Braverman

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-6845

Debtor 1 Braverman, Eric R.

Case number (if known)

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

I have not used any business name or EINs.

DBA Eric R. Braverman

Business name(s)

02-3293661

EINs

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

**200 Chambers St
26C
New York, NY 10007-1350**

Number, Street, City, State & ZIP Code

**New York
County**

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408)

Debtor 1 Braverman, Eric R.

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

<p>7. The chapter of the Bankruptcy Code you are choosing to file under</p>	<p><i>Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.</i></p> <p><input type="checkbox"/> Chapter 7</p> <p><input checked="" type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Chapter 13</p>														
<hr/> <p>8. How you will pay the fee</p> <p><input checked="" type="checkbox"/> I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</p> <p><input type="checkbox"/> I need to pay the fee in installments. If you choose this option, sign and attach the <i>Application for Individuals to Pay The Filing Fee in Installments</i> (Official Form 103A).</p> <p><input type="checkbox"/> I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition.</p>															
<hr/> <p>9. Have you filed for bankruptcy within the last 8 years?</p> <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">District _____</td> <td style="width: 30%;">When _____</td> <td style="width: 40%;">Case number _____</td> </tr> <tr> <td>District _____</td> <td>When _____</td> <td>Case number _____</td> </tr> <tr> <td>District _____</td> <td>When _____</td> <td>Case number _____</td> </tr> </table>				District _____	When _____	Case number _____	District _____	When _____	Case number _____	District _____	When _____	Case number _____			
District _____	When _____	Case number _____													
District _____	When _____	Case number _____													
District _____	When _____	Case number _____													
<hr/> <p>10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Debtor _____</td> <td style="width: 30%;">Relationship to you _____</td> <td style="width: 40%;">Case number, if known _____</td> </tr> <tr> <td>District _____</td> <td>When _____</td> <td>Case number, if known _____</td> </tr> <tr> <td>Debtor _____</td> <td>Relationship to you _____</td> <td>Case number, if known _____</td> </tr> <tr> <td>District _____</td> <td>When _____</td> <td>Case number, if known _____</td> </tr> </table>				Debtor _____	Relationship to you _____	Case number, if known _____	District _____	When _____	Case number, if known _____	Debtor _____	Relationship to you _____	Case number, if known _____	District _____	When _____	Case number, if known _____
Debtor _____	Relationship to you _____	Case number, if known _____													
District _____	When _____	Case number, if known _____													
Debtor _____	Relationship to you _____	Case number, if known _____													
District _____	When _____	Case number, if known _____													
<hr/> <p>11. Do you rent your residence?</p> <p><input checked="" type="checkbox"/> No. Go to line 12.</p> <p><input type="checkbox"/> Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?</p> <p><input type="checkbox"/> No. Go to line 12.</p> <p><input type="checkbox"/> Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.</p>															

Debtor 1 Braverman, Eric R.

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4

Yes Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

Yes. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Braverman, Eric R.**

Case number (if known)

Part 5 Explain Your Efforts to Receive a Briefing About Credit Counseling

- 16. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
- Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Certificate Number: 01267-NYS-CC-028747281



01267-NYS-CC-028747281

CERTIFICATE OF COUNSELING

I CERTIFY that on February 10, 2017, at 06:28 o'clock PM EST, Eric R. Braverman received from Money Management International, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Southern District of New York, an individual [or group] briefing that complied with the provisions of 11 U.S.C . §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: February 10, 2017

By: /s/Bethany Condoll

Name: Bethany Condoll

Title: Area Manager

*Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy code are required to file within the United States Bankruptcy Court a complete certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521 (b).

Debtor 1 Braverman, Eric R.

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input checked="" type="checkbox"/> No. Go to line 16b. <input type="checkbox"/> Yes. Go to line 17.		
16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.	<input checked="" type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17		
16c. State the type of debts you owe that are not consumer debts or business debts Matrimonial related			
17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No I am not filing under Chapter 7. Go to line 18. <input type="checkbox"/> Yes I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input type="checkbox"/> No <input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input checked="" type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

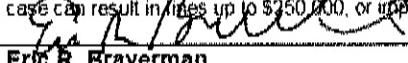
For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.


Eric R. Braverman
Signature of Debtor 1

Signature of Debtor 2

Executed on March 3, 2017
MM / DD / YYYYExecuted on _____
MM / DD / YYYY

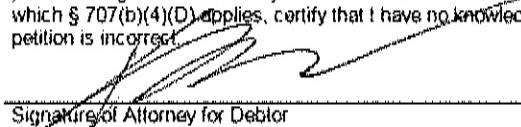
Debtor 1 Braverman, Eric R.

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.


Signature of Attorney for Debtor

Date

March 3, 2017

MM / DD / YYYY

Kevin J. Nash

Printed name

Goldberg Weprin Finkel Goldstein LLP

Firm name

**1501 Broadway 22nd Floor
New York, NY 10036**

Number, Street, City, State & ZIP Code

Contact phone (212) 221-5700

Email address

knash@gwfglaw.com

Bar number & State

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

Chapter 11

Eric Braverman,

Case No.

Debtor.

**DEBTOR'S DECLARATION PURSUANT TO
LOCAL BANKRUPTCY RULE 1007-4**

Eric Braverman, M.D. declares under penalties of perjury pursuant to 28 U.S.C. § 1746 as follows:

1. I am the individual Chapter 11 debtor herein, and as such I am familiar with the facts and circumstances set forth below.

2. I submit this Declaration in accordance with Local Bankruptcy Rule 1007-4 in support of my petition for relief under Chapter 11 of Title 11 of the United States Code (the "Bankruptcy Code").

3. For many years, I was a successful and well respected doctor, specializing in the field of anti-aging medicine. I maintained an extensive and profitable medical practice in New York City, with satellite offices in Florida and elsewhere

4. In May 2011, I became embroiled in a highly contentious and bitter divorce proceeding with my ex-wife, Darya Braverman, which has completely drained me financially, professionally and emotionally.

5. I have been wrongly vilified throughout the divorce case. Unfortunately, the divorce has garnered negative publicity and badly hurt my medical practice and standing in the medical community.

6. Notwithstanding a number of adverse divorce rulings, I will always maintain that I am a capable and supportive father to my three (3) children. I believe that my rights and interests were not properly represented during the divorce despite paying more than \$5,000,000 in total attorney fees, expert fees, and other court appointed individuals.

7. At this juncture, I face the prospect of a forced sale of my assets by the court appointed receiver, Simon Miller (a partner at Blank Rome LLP) and likely irreparable harm to my medical practice arising from multiple judgments. Indeed, just yesterday, an Order granting summary judgment in favor of Citibank N.A. was issued to enforce a personal guaranty of a \$2,000,000 loan obligation. The entry and enforcement of a resulting judgment will further complicate my legal and financial affairs.

8. Rather than expose myself to additional legal travails, I am filing this Chapter 11 petition to use bankruptcy to avoid a distressed sale of my assets and preserve my medical practice. The Chapter 11 case will allow me to address a number of competing claims in a single forum.

9. My primary asset, while jointly owned with my ex-wife (Darya Braverman), remains a valuable New York City apartment which I believe has a value of between \$7,000,000 - \$8,000,000. Still pending before the Divorce Court is a determination on equitable distribution relating to the division of the apartment and other assets between my ex-wife and me.

10. My share of the net proceeds from the apartment will allow me to promulgate a plan of reorganization that pays creditors a dividend in bankruptcy.

11. I will also seek to discharge all of my dischargeable debts to gain the benefit of a fresh start as contemplated by personal bankruptcy.

12. I am filing a complete set of schedules which lists all of my assets, creditors (secured, priority, and unsecured) and monthly income and expenses.

Dated: March 3, 2017



Eric Braverman

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re: _____X_____ Chapter 11

Eric Braverman, _____X_____ Case No.

Debtor,

SCHEDULE OF LAWSUITS

1. Darya Braverman v. Eric Braverman
Supreme Court, New York County
Index No. 156633/2015

Attorney for Plaintiff:
Jamie Andrew Schrek, P.C.
520 Eight Avenue,
New York, NY 10018

Matrimonial Attorney:
Hindin Deutsch
110 East 59th St, 23rd Fl
New York, NY 10022

2. Board of Managers of the 200 v. Eric R. Braverman
Supreme Court, New York County
Index No. 162556/2015

Attorney for Plaintiff:
Belkin Burden Wenig
270 Madison Avenue, 5th Fl
New York, NY 10016

3. Peter Lomtevas, Esq. v. Eric Braverman, MD
Supreme Court, New York County
Index No. 655271/2016

Attorney for Plaintiff:
Peter C. Lomtevas, Esq.
1248 85th Street
Brooklyn, NY 11228

4. 5W Public Relations, LLC v. Path Medical P.C., and Eric Braverman, Supreme Court, New York County Index No. 655510/2016

Attorneys for Plaintiffs:
Petro Zinkovetsky, Esq.
Zinkovetsky Law Firm
1166 Avenue of the Americas, 4th Fl
New York, NY 10036

5. 304 Pas Owner LLC v. Eric R. Braverman Supreme Court, New York County Index No. 656638/2016

Attorneys for Plaintiffs:
Dennis H. McCooberry, Esq.
Stempel Bennett Claman & Hochberg, P.C.
675 Third Avenue, 31st Fl
New York, NY 10017

6. Citibank, N.A. v. Place for Achieving Total Health Medical, P.C., Eric Braverman, Total Health Nutrients, Inc. and Total Health Nutrients, LLC Supreme Court, New York County Index No. 652371/2015

Attorneys for Plaintiffs:
Nathan Schwed, Esq.
Anthony I. Giacobbe, Jr., Esq.
Zeichner Ellman & Krause LLP
1211 Avenue of the Americas
New York, NY 10036

7. Ari Teman v. Eric Braverman, M.D., Richard Smayda, D.O., Sandip Buch, M.D., Anupama Reddy, M.D., Path Medical, P.C., Darya Braverman, and Total Health Nutrients Supreme Court, New York County Index No. 805410/2014

Attorneys for Plaintiffs:
Glen A. Kendall, Esq.
Davidoff Law Firm, PLLC
228 East 45th Street, Suite 1700
New York, NY 10017

8. Olga Gilmartin v. Path Medical PC., and Eric Braverman
Supreme Court, New York County
Index No. 161809/2013

Attorneys for Plaintiffs:
Jeffrey Benjamin, Esq.
Jeffrey Benjamin, P.C.
118-21 Queens Blvd., Suite 501
Forest Hills, NY 11375

9. MLS Funding Corp. v. Place for Achieving Total Health Medical, P.C. a/k/a
Place for Achieving Total Medical Health, P.C., and Eric R. Braverman
Supreme Court, New York County
Index No. 158082/2013

Attorneys for Plaintiffs:
Scott D. Chait, Esq.
Pretore & Peretore, P.C.
110 Park Street
Staten Island, NY 10306

Dated: New York, New York
March 3, 2017

By:


Name: Eric Braverman

Fill in this information to identify your case:

Debtor 1	Eric R. Braverman		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK, MANHATTAN DIVISION		
Case number (if known)			

Check if this is an amended filing

B 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1 List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

		Unsecured claim
1	What is the nature of the claim?	<u>Loan</u> \$ <u>\$ 2,027,233.21</u>
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply		
Does the creditor have a lien on your property?		
Contact	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured)	\$ _____
(917) 512-8122 Contact phone	Value of security: Unsecured claim	-\$ _____ \$ _____
2	What is the nature of the claim?	<u>Guaranty</u> \$ <u>\$ 1,582,782.36</u>
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply		
Does the creditor have a lien on your property?		
Contact	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured)	\$ _____

Debtor 1	<u>Braverman, Eric R.</u>	Case number (if known)	
Contact phone		Value of security: Unsecured claim	- \$ _____ \$ _____
3	Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346	What is the nature of the claim?	Taxes \$ \$654,782.88
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input checked="" type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
<input type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured)		\$ _____	
Contact		Value of security: Unsecured claim	- \$ _____ \$ _____
(800) 829-3903			
Contact phone			
4	304 Pas Owner LLC 304 Park Ave S New York, NY 10010-4301	What is the nature of the claim?	\$ \$630,446.77
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input checked="" type="checkbox"/> Disputed			
<input type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured)		\$ _____	
Contact		Value of security: Unsecured claim	- \$ _____ \$ _____
Contact phone			
5	Bender & Rosenthal LLP 451 Park Ave S # 8 New York, NY 10016-7390	What is the nature of the claim?	Legal Services \$ \$400,000.00
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input checked="" type="checkbox"/> Disputed			
<input type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured)		\$ _____	
(212) 725-7111			
Contact phone		Value of security: Unsecured claim	- \$ _____ \$ _____
6	AnazaoHealth Corp. 5710 Hoover Blvd Tampa, FL 33634-5339	What is the nature of the claim?	\$ \$300,000.00
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			

Debtor 1	<u>Braverman, Eric R.</u>	Case number (if known)	
<input checked="" type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
Ralph Marcadis			
<u>rmarcadis@marcadislaw.com</u>		<input checked="" type="checkbox"/> No	\$ _____
Contact	<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____		
<u>(813) 288-1881</u>		Value of security: \$ _____	- \$ _____
Contact phone	Unsecured claim \$ _____		
7 <input checked="" type="checkbox"/> Internal Revenue Service Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346			
What is the nature of the claim?		For notice purposes	\$ <u>296,712.57</u>
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
<u>Contact</u>		<input checked="" type="checkbox"/> No	\$ _____
<u>(800) 829-3903</u>		<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____	
Contact phone	Value of security:	- \$ _____	
Contact phone	Unsecured claim	\$ _____	
8 <input checked="" type="checkbox"/> 200 Chambers St. Condominium c/o Belkin Burden Wenig & Goldman LLP 270 Madison Ave # 5 New York, NY 10016-0601			
What is the nature of the claim?		Condo Fees	\$ <u>150,325.99</u>
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
<u>Contact</u>		<input type="checkbox"/> No	\$ _____
<u>Contact phone</u>		<input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured) \$ <u>150,325.99</u>	
Value of security:		- \$ <u>0.00</u>	
Unsecured claim		\$ <u>150,325.99</u>	
9 <input checked="" type="checkbox"/> Savoy Bank 600 5th Ave Fl 17 New York, NY 10020-2322			
What is the nature of the claim?		Guarantee	\$ <u>138,711.49</u>
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
<u>Contact</u>		<input checked="" type="checkbox"/> No	\$ _____
<u>(646) 775-4000</u>		<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____	
Value of security:		- \$ _____	

Debtor 1	<u>Braverman, Eric R.</u>	Case number (<i>if known</i>)	
Contact phone		Unsecured claim	\$ _____
10	Karen Brand 36 Maple Pl # 207 Manhasset, NY 11030-1976	What is the nature of the claim?	<u>Legal</u> \$ <u>\$137,327.66</u>
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input checked="" type="checkbox"/> Disputed			
<input type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____			
Value of security: \$ _____			
Unsecured claim \$ _____			
11	Boies Schiller & Flexner LLP 575 Lexington Ave # 7 New York, NY 10022-6138	What is the nature of the claim?	<u>Legal Services</u> \$ <u>\$130,000.00</u>
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input checked="" type="checkbox"/> Disputed			
<input type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____			
Value of security: \$ _____			
Unsecured claim \$ _____			
12	Raoul Felder 437 Madison Ave # 36 New York, NY 10022-7001	What is the nature of the claim?	<u>Legal</u> \$ <u>\$115,000.00</u>
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input checked="" type="checkbox"/> Disputed			
<input type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____			
Value of security: \$ _____			
Unsecured claim \$ _____			
13	Steven DiNardi 12 Industrial Dr New Brunswick, NJ 08901-3632	What is the nature of the claim?	<u>Legal</u> \$ <u>\$100,000.00</u>
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
<input checked="" type="checkbox"/> None of the above apply			

Debtor 1	<u>Braverman, Eric R.</u>	Case number (if known)	
Does the creditor have a lien on your property?			
Contact	<input checked="" type="checkbox"/> No		
Contact phone	<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: \$ _____ Unsecured claim \$ _____		
14 <u>Bank of America</u> Bank of America PO Box 25118 Tampa, FL 33622-5118			
What is the nature of the claim? <u>Credit card</u> \$ <u>\$100,000.00</u>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
Contact	<input checked="" type="checkbox"/> No		
Contact phone	<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: \$ _____ Unsecured claim \$ _____		
15 <u>Konica Minolta</u> 485 Lexington Ave New York, NY 10017-2630			
What is the nature of the claim? <u>Guaranty</u> \$ <u>\$93,920.38</u>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
Contact	<input checked="" type="checkbox"/> No		
Contact phone	<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: \$ _____ Unsecured claim \$ _____		
16 <u>Andrew J. Spinelli</u> 295 Madison Ave New York, NY 10017-6304			
What is the nature of the claim? \$ <u>\$75,000.00</u>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply			
Does the creditor have a lien on your property?			
Contact	<input checked="" type="checkbox"/> No		
Contact phone	<input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: \$ _____ Unsecured claim \$ _____		
17 <u></u>			
What is the nature of the claim? \$ <u>\$73,045.55</u>			

Debtor 1	Braverman, Eric R.	Case number (if known)
17 Rainbow Diet Wellness Center LLC c/o Darya Braverman 39 N Moore St Apt 3B New York, NY 10013-2493		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply
Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: \$ _____ Unsecured claim \$ _____		
18 Chase 333 E 23rd St New York, NY 10010-4710		What is the nature of the claim? \$ \$65,077.88 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply
Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: \$ _____ Unsecured claim \$ _____		
19 Can Capital 414 W 14th St New York, NY 10014-1030		What is the nature of the claim? \$ \$63,906.68 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply
Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____ Value of security: \$ _____ Unsecured claim \$ _____		
20 Simon Miller c/o Blank Rome LLP 405 Lexington Ave New York, NY 10174-0002		What is the nature of the claim? \$ \$56,578.88 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply
Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No		

Debtor 1	<u>Braverman, Eric R.</u>	Case number (if known)	
Contact	<input checked="" type="checkbox"/> No	Total claim (secured and unsecured)	\$ _____
Contact phone	<input type="checkbox"/> Yes	Value of security	\$ _____
		Unsecured claim	\$ _____

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

x Eric Braverman x _____
Eric R. Braverman Signature of Debtor 2
Signature of Debtor 1

Date March 3, 2017 _____ Date _____

Fill in this information to identify your case and this filing:

Debtor 1	Eric R. Braverman	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK, MANHATTAN DIVISION	
Case number		

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

200 Chambers St # 26C

Street address, if available, or other description

New York NY 10007-1350
City State ZIP Code

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Current value of the entire property? Current value of the portion you own?
\$7,000,000 - \$8,000,000 TBD

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenancy by the Entirety

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

with storage units, estimated **\$7,000,000 - \$8,000,000**

Debtor 1 Braverman, Eric R. Case number (if known) _____

If you own or have more than one, list here:

1.2

Street address, if available, or other description			What is the property? Check all that apply		
<u>664 Route 518</u>			<input checked="" type="checkbox"/> Single-family home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
			<input type="checkbox"/> Duplex or multi-unit building		
			<input type="checkbox"/> Condominium or cooperative		
			<input type="checkbox"/> Manufactured or mobile home		
			<input type="checkbox"/> Land		
			<input type="checkbox"/> Investment property		
			<input type="checkbox"/> Timeshare		
			<input type="checkbox"/> Other _____		
			Current value of the entire property? _____		
			\$500,000 - \$800,000		
			Current value of the portion you own? _____		
			TBD		
			Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. _____		
			Fee Simple		
City <u>Skillman</u> State <u>NJ</u> ZIP Code <u>08558-2508</u>					
			<input type="checkbox"/> Check if this is community property (see instructions)		
County _____					
			Other information you wish to add about this item, such as local property identification number: _____		
			estimated between \$500,000 - \$800,000		

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. >> \$0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make: _____	Who has an interest in the property? Check one		
Model: _____	<input checked="" type="checkbox"/> Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Year: _____	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information: _____ Company Car	<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this is community property (see instructions)		Current value of the entire property? _____	Current value of the portion you own? _____
		unknown	unknown

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here. >> \$0.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor 1 Braverman, Eric R.

Case number (if known)

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe....

Household goods and furnishings - 10 years old
Cost of \$200,000

unknown

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe....

Miscellaneous and televisions

\$1,500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe....

Minimal artwork, approximate value less than \$1,000

\$1,000.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis, canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe....

Wearing apparel

\$2,000.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe....

Watch and other miscellaneous items - Estimated at \$10,000
--

\$10,000.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe....

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$14,500.00

Part 4: Describe Your Financial Assets

Debtor 1 Braverman, Eric R.

Case number (if known)

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No
 Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No
 Yes.....

Institution name:

17.1.

See attached list of bank accounts.

unknown

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- No
 Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- No
 Yes. Give specific information about them.....

Name of entity:

See attached list of business interests.

% of ownership:

100.00

%

unknown

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- No
 Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- No
 Yes. List each account separately.

Type of account:

Additional Account

Institution name:

See attached list of retirement and pension accounts.

unknown

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- No
 Yes.....

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

- No
 Yes.....

Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No
 Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- No

Debtor 1	Braverman, Eric R.	Case number (<i>if known</i>)
<input checked="" type="checkbox"/> Yes. Give specific information about them... See attached list of children's accounts unknown		
26. Patents, copyrights, trademarks, trade secrets, and other Intellectual property <i>Examples:</i> Internet domain names, websites, proceeds from royalties and licensing agreements <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Give specific information about them... See attached list of intellectual property. unknown		
27. Licenses, franchises, and other general intangibles <i>Examples:</i> Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Give specific information about them... Medical license in various states. (New York and others) unknown		
Money or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information about them, including whether you already filed the returns and the tax years.....		
29. Family support <i>Examples:</i> Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information.....		
30. Other amounts someone owes you <i>Examples:</i> Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information..		
31. Interests in insurance policies <i>Examples:</i> Health, disability, or life insurance, health savings account (HSA); credit, homeowner's, or renter's insurance <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Name the insurance company of each policy and list its value. Company name. Beneficiary Surrender or refund value: Homeowner's Policy unknown		
Life Insurance Policy - likely lapsed unknown		
32 Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information		
33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment <i>Examples:</i> Accidents, employment disputes, insurance claims, or rights to sue <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Describe each claim		

Debtor 1 <u>Braverman, Eric R.</u>	Case number (if known)
- Claims against former attorneys - Karen Brand - Claims against Darya Braverman (\$2,424,300) for contribution to loans obtained by Debtor through his medical practice to purchase Chamsters St. Apt.	
unknown	

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- No
 Yes. Describe each claim

35. Any financial assets you did not already list

- No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$0.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7
 Yes. Go to line 47

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No
 Yes. Give specific information...

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	\$8,150,000.00
56. Part 2: Total vehicles, line 6	\$0.00
57. Part 3: Total personal and household items, line 15	\$14,500.00
58. Part 4: Total financial assets, line 36	\$0.00
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	+ \$0.00
62. Total personal property. Add lines 56 through 61...	\$14,500.00
	Copy personal property total
	\$14,500.00
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$8,164,500.00

ATTACHMENTS TO THE DEBTOR'S BANKRUPTCY SCHEDULES VALUES AS OF 12/31/16	
A - Schedule of Bank Accounts	
TD Bank - 4249592894	\$871.13
Chase - 4677	\$2.50
Morgan Stanley	\$18.06
1st Constitution - 6317	\$0.00
Total Schedule of Bank Accounts	\$891.69
B - Business Interests	
Place for Achieving Total Health Medical, P.C.	
Total Health Nutrients, Inc.	
Total Health Nutrients, LLC	
David Enterprises	
Total Business Interests	\$0.00
C - Children's Accounts	
Chase - 7251	\$210.00
Chase - 9474	\$210.00
Chase - 9565	\$210.00
Neuberger - Ari	\$17,833.44
Neuberger - Daniel	\$40,608.90
Neuberger - Steven	\$40,225.14
CollegeBoundfund (529) - Daniel	\$13,878.07
CollegeBoundfund (529) - Steven	\$13,878.07
Total Children's Accounts	\$127,053.62
D - Retirement and Pension Accounts	
Chase - IRA 3022075745	\$0.00
Chase Retirement Plan - 9133	\$0.00
Morgan Stanley (from Janus)	\$0.00
Neuberger - 521-01389 841	\$58,676.18
Path Profit Sharing	\$22,487.06
Paychex 401k	\$45,405.13
Total Retirement and Pension Accounts	\$126,568.37

Registered Intellectual Property			
Serial Number	Reg. Number	Word Mark	Description
1	78675719	3449432	PATH MEDICAL AGE PRINT ELECTROPAUSE CARDIOPAUSE OSTEOPAUSE ANDROPAUSE MENO PAUSE DERMAPAUSE
2	78669736	3551889	PATH MEDICAL AGE PRINT ELECTROPAUSE CARDIOPAUSE OSTEOPAUSE ANDROPAUSE MENO PAUSE DERMAPAUSE
3	78296558	3013911	RAINBOW DIET
4	78296546		BRAIN IMPRINT
5	78296531		BRAIN CODE
6	78293118		RAINBOW DIET WELLNESS PROGRAM
7	78292529		LIFE PAUSES
			PATH MEDICAL AGE PRINT ELECTROPAUSE CARDIOPAUSE OSTEOPAUSE ANDROPAUSE
8	77282443	3435070	MENO PAUSE DERMAPAUSE
9	76420144		NUTRIPRINT
10	76396176		BRAIN PRINT

Patents
1. Apparatus and method for increasing the amplitude of P300 waves in the human brain Patent #: 5,342,410 Date: August 30, 1994
2. Method for increasing the amplitude of P300 waves in the human brain Patent#: 5,163,444 Date: November 17, 1992

Fill in this information to identify your case:

Debtor 1	Eric R. Braverman	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK, MANHATTAN DIVISION	
Case number (if known)		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
200 Chambers St # 26C New York NY, 10007-1350 Line from Schedule A/B: 1.1	\$7,000,000 - \$8,000,000	<input checked="" type="checkbox"/> TBD <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.Y. Civ. Prac. Law and Rules § 5206(a)
Household goods and furnishings - 10 years old Cost of \$200,000 Line from Schedule A/B: 6.1	Unknown	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.Y. Civ. Prac. Law and Rules § 5205(a)(5)
Wearing apparel Line from Schedule A/B: 11.1	\$2,000.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.Y. Civ. Prac. Law and Rules § 5205(a)(5)
See attached list of bank accounts. Line from Schedule A/B: 17.1	Unknown	<input checked="" type="checkbox"/> \$5,525.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.Y. Debt & Cred. Law § 2823(2)
See attached list of bank accounts. Line from Schedule A/B: 17.1	Unknown	<input checked="" type="checkbox"/> \$112,436.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	N.Y. Civ. Prac. Law and Rules § 5205(c)

3. Are you claiming a homestead exemption of more than \$160,375?
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- No
- Yes

Fill in this information to identify your case:

Debtor 1	Eric R. Braverman		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK, MANHATTAN DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes Fill in all of the information below

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A	Column B	Column C
	Describe the property that secures the claim:	Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion if any

2.1	200 Chambers St. Condominium <small>Creditor's Name</small> c/o Belkin Burden Wenig & Goldman LLP 270 Madison Ave # 5 New York, NY 10016-0601	Maintenance Lien <small>As of the date you file, the claim is: Check all that apply.</small>	\$150,325.99	\$0.00	\$150,325.99
-----	---	--	--------------	--------	--------------

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

- Nature of lien.** Check all that apply.
- An agreement you made (such as mortgage or secured car loan)
 - Statutory lien (such as tax lien, mechanic's lien)
 - Judgment lien from a lawsuit
 - Other (including a right to offset)

Date debt was incurred _____

Last 4 digits of account number _____

2.2	Morgan Stanley <small>Creditor's Name</small> 1 Penn Plz Fl 43 New York, NY 10119-4323	Describe the property that secures the claim: 200 Chambers St #26C, New York, NY 10007 with storage units estimated between \$7,000,000 - \$8,000,000	\$3,790,029.20	\$7,000,000.00	\$0.00
-----	---	--	----------------	----------------	--------

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

- Nature of lien.** Check all that apply.
- An agreement you made (such as mortgage or secured car loan)
 - Statutory lien (such as tax lien, mechanic's lien)
 - Judgment lien from a lawsuit
 - Other (including a right to offset)

Debtor 1 Eric R. Braverman Case number (if known) _____

First Name Middle Name Last Name

Date debt was incurred 08/01/2016 Last 4 digits of account number _____

23	Ocwen Loan Servicing LLC Creditor's Name	Describe the property that secures the claim: 664 Route 518, Skillman, NJ 08558-2508 estimated between \$500,000 - \$800,000	\$166,000.00	\$500.00	\$165,500.00
PO Box 5400 Carol Stream, IL 60197-5400 Number, Street, City, State & Zip Code		As of the date you file, the claim is: Check all that apply.			
		<input type="checkbox"/> Contingent			
		<input checked="" type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
Who owes the debt? Check one.		Nature of lien. Check all that apply.			
<input checked="" type="checkbox"/> Debtor 1 only		<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Judgment lien from a lawsuit			
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Other (including a right to offset)			
<input type="checkbox"/> Check if this claim relates to a community debt					

Date debt was incurred _____ Last 4 digits of account number _____

24	Specialized Loan Services Creditor's Name	Describe the property that secures the claim: 664 Route 518, Skillman, NJ 08558-2508 estimated between \$500,000 - \$800,000	\$369,440.15	\$500.00	\$369,440.15
Specialized Loan Servicing LLC PO Box 636005 Littleton, CO 80163-6005 Number, Street, City, State & Zip Code		As of the date you file, the claim is: Check all that apply.			
		<input type="checkbox"/> Contingent			
		<input checked="" type="checkbox"/> Unliquidated			
		<input type="checkbox"/> Disputed			
Who owes the debt? Check one.		Nature of lien. Check all that apply.			
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Judgment lien from a lawsuit			
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Other (including a right to offset)	Home Equity		
<input type="checkbox"/> Check if this claim relates to a community debt					

Date debt was incurred _____ Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$4,475,795.34

\$4,475,795.34

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:			
Debtor 1	Eric R. Braverman		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF NEW YORK, MANHATTAN DIVISION	
Case number (if known) _____			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left, Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims against you?**

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

<p>For an explanation of each type of claim, see the instructions for this form in the instruction booklet.</p> <p>2.1</p> <p>Darya Braverman Priority Creditor's Name</p> <p>39 N Moore St Apt 3B New York, NY 10013-2493 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <p>Is the claim subject to offset?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 		Total claim	Priority amount	Nonpriority amount	
		Last 4 digits of account number	unknown	TBD	
		When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply			
		<ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed 			
		Type of PRIORITY unsecured claim:			
		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ 			

Debtor 1 Braverman, Eric R.

Case number (if known)

22	<u>Ellisheva Hannah Braverman</u> Priority Creditor's Name	Last 4 digits of account number	<u>unknown</u>	TBD	TBD
	<u>2283 3rd Ave Apt 3C New York, NY 10035-1753</u> Number Street City State Zip Code	When was the debt incurred?			
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Domestic support obligations			
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Taxes and certain other debts you owe the government			
	Is the claim subject to offset?	<input type="checkbox"/> Claims for death or personal injury while you were Intoxicated			
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify _____			
	<input type="checkbox"/> Yes				

23	<u>Internal Revenue Service</u> Priority Creditor's Name	Last 4 digits of account number	<u>\$296,712.5</u>	<u>7</u>	<u>\$296,712.57</u>	<u>\$0.00</u>
	<u>Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346</u> Number Street City State Zip Code	When was the debt incurred?	<u>2013</u>			
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent				
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed				
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Domestic support obligations				
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Taxes and certain other debts you owe the government				
	Is the claim subject to offset?	<input type="checkbox"/> Claims for death or personal injury while you were Intoxicated				
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify _____				
	<input type="checkbox"/> Yes					

24	<u>Internal Revenue Service</u> Priority Creditor's Name	Last 4 digits of account number	<u>\$654,782.8</u>	<u>8</u>	<u>\$654,782.88</u>	<u>\$0.00</u>
	<u>Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101-7346</u> Number Street City State Zip Code	When was the debt incurred?	<u>2014</u>			
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent				
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed				
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Domestic support obligations				
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Taxes and certain other debts you owe the government				
	Is the claim subject to offset?	<input type="checkbox"/> Claims for death or personal injury while you were Intoxicated				
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify _____				
	<input type="checkbox"/> Yes					

Debtor 1 Braverman, Eric R.

Case number (if known)

25	<u>Jonathan J. Braverman</u> Priority Creditor's Name	Last 4 digits of account number	unknown	TBD	TBD
		When was the debt incurred?			
	<u>1107 SW 149th Ln Sunrise, FL 33326-1958</u> Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
26	<u>New York State Dept of Labor</u> Priority Creditor's Name	Last 4 digits of account number	\$47,819.04	\$47,819.04	\$0.00
		When was the debt incurred?			
	<u>75 Varick St Fl 7 New York, NY 10013-1900</u> Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
27	<u>NY City Department of Finance</u> Priority Creditor's Name Bankruptcy Unit 345 Adams St Fl 3 Brooklyn, NY 11201-3719 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
		When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Braverman, Eric R.

Case number (if known)

2.8	NYC Dep't of Finance Priority Creditor's Name Legal Affairs 345 Adams St Fl 3 Brooklyn, NY 11201-3719 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	When was the debt incurred?				
	As of the date you file, the claim is: Check all that apply				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
	Type of PRIORITY unsecured claim:				
	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
	<input checked="" type="checkbox"/> Other. Specify <u>Wages, salaries, and commissions</u>				
2.9	NYS Dep't of Taxation Priority Creditor's Name Bankruptcy/Special Procedure PO Box 5300 Albany, NY 12205-0300 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	When was the debt incurred?				
	As of the date you file, the claim is: Check all that apply				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
	Type of PRIORITY unsecured claim:				
	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
	<input type="checkbox"/> Other. Specify _____				

Part 2. List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2

Total claim

Debtor 1 Braverman, Eric R.

Case number (if known)

4.1	304 Pas. Owner LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$630,446.77
304 Park Ave S New York, NY 10010-4301 Number Street City State Zip Code		When was the debt incurred?	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes			
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
4.2	5W Public Relations LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$37,919.75
1166 Avenue of the Americas Fl 4 New York, NY 10036-2750 Number Street City State Zip Code		When was the debt incurred?	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes			
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
4.3	AAA Financial Services Nonpriority Creditor's Name	Last 4 digits of account number	\$5,556.12
1415 Kellum PI Garden City, NY 11530-1695 Number Street City State Zip Code		When was the debt incurred?	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes			
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 <u>Braverman, Eric R.</u> Nonpriority Creditor's Name	Case number (if known)
4.4 <u>Alexander Potruch, Esq.</u> Nonpriority Creditor's Name	
Last 4 digits of account number <u>\$20,000.00</u>	
When was the debt incurred?	
As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Who incurred the debt? Check one.	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.5 <u>AnazaoHealth Corp.</u> Nonpriority Creditor's Name	
Last 4 digits of account number <u>\$300,000.00</u>	
When was the debt incurred? <u>8/1/16</u>	
As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Who incurred the debt? Check one.	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.6 <u>Andrew J. Spinelli</u> Nonpriority Creditor's Name	
Last 4 digits of account number <u>\$75,000.00</u>	
When was the debt incurred?	
As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Who incurred the debt? Check one.	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	
Is the claim subject to offset?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Braverman, Eric R.

Case number (if known)

4.7	Ari Teman Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
140 7th Ave New York, NY 10011-1843 Number Street City State Zip Code		When was the debt incurred?	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
4.8	Bank of America Nonpriority Creditor's Name Bank of America PO Box 25118 Tampa, FL 33622-5118 Number Street City State Zip Code	Last 4 digits of account number	\$21,099.92
		When was the debt incurred?	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
4.9	Bank of America Nonpriority Creditor's Name Bank of America PO Box 25118 Tampa, FL 33622-5118 Number Street City State Zip Code	Last 4 digits of account number	\$100,000.00
		When was the debt incurred?	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			

Debtor 1 Braverman, Eric R.

Case number (if known)

4.10	Barry Berkman Nonpriority Creditor's Name	Last 4 digits of account number	\$14,000.00
<u>521 5th Ave New York, NY 10175-0003</u> Number Street City State Zip Code		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____</p>			
Bender & Rosenthal LLP Nonpriority Creditor's Name		Last 4 digits of account number	\$226,517.00
<u>451 Park Ave S # 8 New York, NY 10016-7390</u> Number Street City State Zip Code		When was the debt incurred? May 2016	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____</p>			
Boies Schiller & Flexner LLP Nonpriority Creditor's Name		Last 4 digits of account number	\$130,000.00
<u>575 Lexington Ave # 7 New York, NY 10022-6138</u> Number Street City State Zip Code		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____</p>			

Debtor 1 Braverman, Eric R.

Case number (if known)

4.13 Can Capital

Nonpriority Creditor's Name

414 W 14th St
New York, NY 10014-1030

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

\$63,906.68

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

4.14 Chase

Nonpriority Creditor's Name

333 E 23rd St
New York, NY 10010-4710

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

\$65,077.88

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

4.15 CIT Financing Services

Nonpriority Creditor's Name

1 Cit Dr
Livingston, NJ 07039-5703

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number

\$56,513.84

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:
- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify _____

Debtor 1 Braverman, Eric R.

Case number (if known)

4.16	Citi Nonpriority Creditor's Name	Last 4 digits of account number <u>3052</u>	\$24,373.05
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____			
Citi Nonpriority Creditor's Name			
Last 4 digits of account number <u>6434</u> \$19,399.67			
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____			
Citi Bank Loan Nonpriority Creditor's Name			
Last 4 digits of account number <u> </u> \$2,027,233.21			
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____			

Debtor 1 Braverman, Eric R.

Case number (if known)

4.19	Court Reporter - Delores Hillards Nonpriority Creditor's Name	Last 4 digits of account number	\$700.35
	60 Centre St New York, NY 10007-1402	When was the debt incurred?	10/31/16
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 	
	Is the claim subject to offset?	<input type="checkbox"/> Other. Specify _____	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.20	Court Reporter - Diane Kavanaugh Nonpriority Creditor's Name	Last 4 digits of account number	\$464.40
	60 Centre St New York, NY 10007-1402	When was the debt incurred?	10/19/2016
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 	
	Is the claim subject to offset?	<input type="checkbox"/> Other. Specify _____	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.21	Court Reporter - Jeanette Lake - Mason Nonpriority Creditor's Name	Last 4 digits of account number	\$1,144.80
	60 Centre St New York, NY 10007-1402	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 	
	Is the claim subject to offset?	<input type="checkbox"/> Other. Specify _____	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Braverman, Eric R.

Case number (if known)

4.22	Court Reporter - Monica Horvath Nonpriority Creditor's Name	Last 4 digits of account number	\$556.80
60 Centre St New York, NY 10007-1402 Number Street City State Zip Code		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>			
Douglas Labs/HVL Nonpriority Creditor's Name		Last 4 digits of account number	\$43,288.91
600 Boyce Rd Pittsburgh, PA 15205-9742 Number Street City State Zip Code		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>			
Frederick Charles Sake, PA Nonpriority Creditor's Name		Last 4 digits of account number	\$11,996.00
4770 Biscayne Blvd Ste 1400 Miami, FL 33137-3243 Number Street City State Zip Code		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>			

Debtor 1 Braverman, Eric R.

Case number (if known)

4.25	Fundation Nonpriority Creditor's Name c/o Jennifer Wood Collections PO Box 2149 Gig Harbor, WA 98335-4149 Number Street City State Zip Code	Last 4 digits of account number	\$20,000.00
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.26	Goldman Johnson Nonpriority Creditor's Name 500 5th Ave # 34 New York, NY 10110-3399 Number Street City State Zip Code	Last 4 digits of account number	\$5,000.00
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.27	Itria Ventures LLC Nonpriority Creditor's Name 1000 N West St # 1200 Wilmington, DE 19801-1058 Number Street City State Zip Code	Last 4 digits of account number	\$1,582,782.36
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 Braverman, Eric R.

Case number (if known)

4.28	Itria Ventures LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$29,167.14
	1000 N West St # 1200 Wilmington, DE 19801-1058 Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.29	Johnson, Morgan & White Nonpriority Creditor's Name	Last 4 digits of account number	\$20,000.00
	6800 Broken Sound Pkwy NW Boca Raton, FL 33487-2721 Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.30	Karen Brand Nonpriority Creditor's Name	Last 4 digits of account number	\$137,327.66
	36 Maple Pl # 207 Manhasset, NY 11030-1976 Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 Braverman, Eric R.

Case number (if known)

4.31	Konica Minolta Nonpriority Creditor's Name	Last 4 digits of account number	\$93,920.38
485 Lexington Ave New York, NY 10017-2630 Number Street City State Zip Code		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Leon Borstein Nonpriority Creditor's Name		Last 4 digits of account number	\$50,000.00
420 Lexington Ave Rm 2920 New York, NY 10170-2902 Number Street City State Zip Code		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Mitchell Cohen Nonpriority Creditor's Name		Last 4 digits of account number	\$6,282.00
c/o Callan, Koster, Brady & Nagler LLP 1 Whitehall St New York, NY 10004-2109 Number Street City State Zip Code		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Judgment Lien			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Braverman, Eric R.

Case number (if known)

4.34	MLS Funding Nonpriority Creditor's Name 147 Main St Lower Level Cold Spring Harbor, NY 11724-1425 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$44,153.75
4.35	NJ Medical Consultant - DeBiasio Nonpriority Creditor's Name c/o Joseph Bongiorno & Assocs. 250 Mineola Blvd Mineola, NY 11501-2447 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$1,500.00
4.36	Olga Gilmartin Nonpriority Creditor's Name c/o Jeffrey Benjamin, Esq. 11821 Queens Blvd Ste 501 Forest Hills, NY 11375-7207 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$20,000.00

Debtor 1 Braverman, Eric R.

Case number (if known)

4.37	Omar Salah Nonpriority Creditor's Name	Last 4 digits of account number	\$20,000.00
	20 Pine St # 2302 New York, NY 10005-1432 Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.38	Path Medical P.C. Nonpriority Creditor's Name	Last 4 digits of account number	\$7,809,750.00
	304 Park Ave S New York, NY 10010-4301 Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.39	Peter Lomtevas, Esq. Nonpriority Creditor's Name	Last 4 digits of account number	\$15,000.00
	1248 85th St Brooklyn, NY 11228-3310 Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 Braverman, Eric R.

Case number (if known)

4.40	Rainbow Diet Wellness Center LLC Nonpriority Creditor's Name <u>c/o Darya Braverman</u> <u>39 N Moore St Apt 3B</u> <u>New York, NY 10013-2493</u> Number Street City State Zip Code	Last 4 digits of account number	\$73,045.55
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
4.41	Raoul Felder Nonpriority Creditor's Name <u>437 Madison Ave # 36</u> <u>New York, NY 10022-7001</u> Number Street City State Zip Code	Last 4 digits of account number	\$115,000.00
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
4.42	Salem Media Nonpriority Creditor's Name <u>4880 Santa Rosa Rd</u> <u>Camarillo, CA 93012-5190</u> Number Street City State Zip Code	Last 4 digits of account number	\$27,120.00
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1	<u>Braverman, Eric R.</u>	Case number (if known)	
4.43	Santander Nonpriority Creditor's Name <u>250 Lexington Ave</u> <u>New York, NY 10016-4638</u> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$30,000.00
4.44	Savoy Bank Nonpriority Creditor's Name <u>600 5th Ave Fl 17</u> <u>New York, NY 10020-2322</u> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$138,711.49
4.45	Simon Miller Nonpriority Creditor's Name <u>c/o Blank Rome LLP</u> <u>405 Lexington Ave</u> <u>New York, NY 10174-0002</u> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$56,578.88

Debtor 1 Braverman, Eric R.

Case number (if known)

4.46	Steven DiNardi Nonpriority Creditor's Name	Last 4 digits of account number	\$100,000.00
12 Industrial Dr New Brunswick, NJ 08901-3632 Number Street City State Zip Code		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes			
Wells Fargo Nonpriority Creditor's Name		Last 4 digits of account number	
		\$5,368.74	
1010 Thomas Edison Blvd SW Cedar Rapids, IA 52404-8247 Number Street City State Zip Code		When was the debt incurred?	
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____ <input type="checkbox"/> Yes			

Part 3: List Others to Be Notified About a Debt That You Already Listed

6. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?
Bruno Patrick Bianchi, Esq.
9010 157th Ave
Howard Beach, NY 11414-2738
Line 4.36 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?
Jack N. Posner
1100 Franklin Ave # 305
Garden City, NY 11530-1601
Line 4.34 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?
Jamie Andrew Screck, P.C.
Attn: Tempest Alston
520 8th Ave Fl 18
New York, NY 10018-6507
Line 4.40 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 <u>Braverman, Eric R.</u>	Case number (if known)
Joseph Bongiorno & Assoc. 250 Mineola Blvd Mineola, NY 11501-2447	Line <u>4.35</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Kazlow & Kazlow 237 W 35th St Fl 14 New York, NY 10001-1905	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.41</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Kazlow & Kazlow 237 W 35th St Fl 14 New York, NY 10001-1905	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.42</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Petro Zinkovetsky, Esq. 1166 Avenue of the Americas Fl 4 New York, NY 10036-2750	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.2</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Sprechman & Fisher, P.A. 2775 NE 163rd St # 100 Miami, FL 33160-4078	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.12</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Sprechman & Fisher, P.A. 2775 NE 163rd St # 100 Miami, FL 33160-4078	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.12</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Stempel Bennet Claman & Hochberg Attn: Dennis McCoobery, Esq. 675 3rd Ave Fl 31 New York, NY 10017-5721	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.1</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Zeichner Ellman & Krause LLP Attn: Nathan Schwed, Esq. 1211 Avenue of the Americas New York, NY 10036-8701	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Zeldes, Needle & Cooper, P.C. Attn: Jason T. Prueher, Esq. 1000 Lafayette Blvd Bridgeport, CT 06604-4725	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.7</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

8. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §169. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	\$ 0.00
	6b. Taxes and certain other debts you owe the government	\$ 999,314.49
	6c. Claims for death or personal injury while you were intoxicated	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	\$ 0.00

Debtor 1 Braverman, Eric R.

Case number (if known)

6e. Total Priority. Add lines 6a through 6d.		6e. \$ <u>999,314.49</u>
Total claims from Part 2	6f. Student loans	6f. \$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <u>14,449,386.10</u>
6j. Total Nonpriority. Add lines 6f through 6i.		6j. \$ <u>14,449,386.10</u>

Fill in this information to identify your case:			
Debtor 1	Eric R. Braverman		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the	SOUTHERN DISTRICT OF NEW YORK, MANHATTAN DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			State what the contract or lease is for
2.1			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			
2.2			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			
2.3			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			
2.4			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			
2.5			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			

Fill in this information to identify your case:

Debtor 1	Eric R. Braverman		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK, MANHATTAN DIVISION		
Case number (if known)			

Check if this is an amended filing

**Official Form 106H
Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **Darya Braverman**
39 N Moore St Apt 3B
New York, NY 10013-2493

Schedule D, line _____
 Schedule E/F, line 4.18
 Schedule G _____
Citi Bank Loan

3.2 **Path Foundation NY**

Schedule D, line _____
 Schedule E/F, line 4.12
 Schedule G _____
Boles Schiller & Flexner LLP

3.3 **Path Medical P.C.**

Schedule D, line _____
 Schedule E/F, line 4.7
 Schedule G _____
Arl Teman

Debtor 1 Braverman, Eric R.

Case number (if known) _____

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.4 Path Medical P.C.

Schedule D, line _____
 Schedule E/F, line 4.18
 Schedule G _____
Citi Bank Loan

3.5 Path Medical P.C.

Schedule D, line _____
 Schedule E/F, line 4.27
 Schedule G _____
Itria Ventures LLC

3.6 Path Medical P.C.

Schedule D, line _____
 Schedule E/F, line 4.34
 Schedule G _____
MLS Funding

3.7 Path Medical P.C.

Schedule D, line _____
 Schedule E/F, line 4.36
 Schedule G _____
Olga Gilmartin

3.8 Total Health Nutrients LLC

Schedule D, line _____
 Schedule E/F, line 4.7
 Schedule G _____
Ari Teman

3.9 Total Health Nutrients LLC

Schedule D, line _____
 Schedule E/F, line 4.18
 Schedule G _____
Citi Bank Loan

3.10 Total Health Nutrients LLC

Schedule D, line _____
 Schedule E/F, line 4.23
 Schedule G _____
Douglas Labs/HVL

3.11 Total Health Nutrients LLC

Schedule D, line _____
 Schedule E/F, line 4.28
 Schedule G _____
Itria Ventures LLC

Debtor 1 Braverman, Eric R.

Case number (if known) _____

Additional Page to List More Codebtors

Column 1: Your codebtor

*Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.12 Total Health Nutrients LLC

Schedule D, line _____

Schedule E/F, line 4.44

Schedule G _____

Savoy Bank

Fill in this information to identify your case.	
Debtor 1	<u>Eric R. Braverman</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF NEW YORK, MANHATTAN DIVISION</u>
Case number (if known)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

		Debtor 1	Debtor 2 or non-filing spouse
Employment status		<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation		<u>Doctor</u>	
Employer's name		<u>Path Medical P.C.</u>	

Occupation may include student or homemaker, if it applies.

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>30,000.00</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	-\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>30,000.00</u>	\$ <u>N/A</u>

Debtor 1 Braverman, Eric R.

Case number (if known)

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
	4. \$ <u>30,000.00</u>	\$ <u>N/A</u>
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>0.00</u>	\$ <u>N/A</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>N/A</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>N/A</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>N/A</u>
5e. Insurance	5e. \$ <u>0.00</u>	\$ <u>N/A</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>N/A</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>N/A</u>
5h. Other deductions. Specify: _____	5h. + \$ <u>0.00</u>	+ \$ <u>N/A</u>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u>0.00</u>	\$ <u>N/A</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>30,000.00</u>	\$ <u>N/A</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>N/A</u>
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>N/A</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>N/A</u>
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>N/A</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>N/A</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0.00</u>	\$ <u>N/A</u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>N/A</u>
8h. Other monthly income. Specify: _____	8h. + \$ <u>0.00</u>	+ \$ <u>N/A</u>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u>0.00</u>	\$ <u>N/A</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>30,000.00</u>	+ \$ <u>N/A</u> = \$ <u>30,000.00</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12. \$ <u>30,000.00</u>	
13. Do you expect an increase or decrease within the year after you file this form?	Combined monthly income	
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:	
Debtor 1	Eric R. Braverman
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK, MANHATTAN DIVISION	
Case number (if known)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1. Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.	<input type="checkbox"/> Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents names.				<input type="checkbox"/> No
				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
				<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No
 Yes

Part 2. Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.	4. \$ <u>17,000.00</u>
If not included in line 4:	
4a. Real estate taxes	4a. \$ <u>0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. \$ <u>1,425.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. \$ <u>0.00</u>
4d. Homeowner's association or condominium dues	4d. \$ <u>3,123.00</u>
5. Additional mortgage payments for your residence, such as home equity loans	5. \$ <u>0.00</u>

Debtor 1 <u>Braverman, Eric R.</u>	Case number (if known)
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 700.00
6b. Water, sewer, garbage collection	6b. \$ 0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 144.00
6d. Other. Specify:	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 6,500.00
8. Childcare and children's education costs	8. \$ 0.00
9. Clothing, laundry, and dry cleaning	9. \$ 200.00
10. Personal care products and services	10. \$ 0.00
11. Medical and dental expenses	11. \$ 0.00
12. Transportation, include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 0.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 0.00
14. Charitable contributions and religious donations	14. \$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 0.00
15d. Other insurance. Specify:	15d. \$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Federal</u>	16. \$ 10,500.00
Specify: <u>State</u>	\$ 2,400.00
Specify: <u>Local</u>	\$ 771.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 0.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify:	17c. \$ 0.00
17d. Other. Specify:	17d. \$ 0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 3,000.00
19. Other payments you make to support others who do not live with you. Specify:	\$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00
21. Other: Specify:	21. +\$ 0.00
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ 45,763.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 0.00
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 45,763.00
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ 30,000.00
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 45,763.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	\$ -15,763.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here:

Fill in this information to identify your case:			
Debtor 1	Eric R. Braverman		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK, MANHATTAN DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1 Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 10,650,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 14,500.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ 10,664,500.00

Part 2 Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D.....	\$ 4,475,795.34
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 999,314.49
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$ 14,449,386.10

Your total liabilities \$ 19,924,495.93

Part 3 Summarize Your Income and Expenses

4. Schedule I: Your Income(Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$ 30,000.00
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J	\$ 45,763.00

Part 4 Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
 No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Braverman, Eric R.

Case number (if known) _____

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$ _____

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim \$ _____

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 999,314.49

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) +\$ 0.00

9g. Total. Add lines 9a through 9f \$ 999,314.49

Fill in this information to identify your case:

Debtor 1	Eric R. Braverman		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK, MANHATTAN DIVISION		
Case number (if known)			

Check if this is an
amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice,
Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and
that they are true and correct.

X

Eric R. Braverman
Signature of Debtor 1

X

Signature of Debtor 2

Date March 2, 2017

Date _____

Fill in this information to identify your case:		
Debtor 1	Eric R. Braverman	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK, MANHATTAN DIVISION	
Case number (if known)		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1 Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now

Debtor 1 Prior Address:

Dates Debtor 1 lived
there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

Debtor 1	Sources of Income Check all that apply.	Gross Income (before deductions and exclusions)	Debtor 2	Sources of Income Check all that apply.	Gross Income (before deductions and exclusions)
----------	--	--	----------	--	--

From January 1 of current year until
the date you filed for bankruptcy:

<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$5,250.00	<input type="checkbox"/> Wages, commissions, bonuses, tips
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business

Debtor 1 Braverman, Eric R.

Case number (if known)

	Debtor 1	Debtor 2	
	Sources of income Check all that apply.	Sources of income Check all that apply.	
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)	
For last calendar year: (January 1 to December 31, 2016)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$46,799.91	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, 2015)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$39,575.30	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

6. Did you receive any other income during this year or the two previous calendar years?
Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits, royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
	Gross income from each source (before deductions and exclusions)	Gross income (before deductions and exclusions)
	Royalties	\$13,250.42

Part 3. List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

Debtor 1 Braverman, Eric R. Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities, and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
See attached list to Chapter 11 petition	.		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

No. Go to line 11

Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
Simon J.K. Miller 405 Lexington Ave New York, NY 10174-0002	Receiver appointed in 2016		\$0.00
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Debtor 1 Braverman, Eric R.

Case number (if known)

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

 No Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
--	--------------------	--------------------------	-------

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

 No Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Charity's Name	Describe what you contributed	Dates you contributed	Value
--	----------------	-------------------------------	-----------------------	-------

Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

 No Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

Person Who Was Paid Address Email or website address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Made the Payment, if Not You Goldberg Weprin Finkel Goldstein LLP 1501 Broadway 22nd Floor New York, NY 10036	\$15,000		\$15,000.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16

 No Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include

Debtor 1 Braverman, Eric R.

Case number (if known)

gifts and transfers that you have already listed on this statement.

- No
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
---	--	--	---------------------------

Person's relationship to you

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No
 Yes. Fill in the details

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

Various Custodial Accounts Listed in the schedules.

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
First Constitution	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other		\$14,000.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	--------------------------

Storage Bins at Apartment
200 Chambers St # 26C
New York, NY 10007-1350

- No
 Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for

Debtor 1 Braverman, Eric R.

Case number (if known)

someone.

- No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer identification number Do not include Social Security number or ITIN. Dates business existed
---	---	--

Debtor 1 Braverman, Eric R.

Case number (if known) _____

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer identification number Do not include Social Security number or ITIN.
See Bankruptcy Schedules		Dates business existed EIN:
From-To		

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

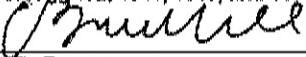
Name _____ Date issued _____

Address
(Number, Street, City, State and ZIP Code)

Itria _____ Divorce net worth statements
given _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.


Eric R. Braverman
Signature of Debtor 1

Signature of Debtor 2

Date March 2, 2017

Date _____

Did you attach additional pages to Your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of Person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:	
Debtor 1	<u>Eric R. Braverman</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	Southern District of New York, Manhattan Division
Case number (if known)	
<input type="checkbox"/> Check if this is an amended filing	

Official Form 122B

Chapter 11 Statement of Your Current Monthly Income

12/15

You must file this form if you are an individual and are filing for bankruptcy under Chapter 11. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
 Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 Married and your spouse is NOT filing with you. Fill out Column A, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions)	\$ 30,000.00	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3	\$ 0.00	\$ _____
5. Net income from operating a business, profession, or farm Debtor 1 Debtor 2		
Gross receipts (before all deductions)	\$ 0.00	\$ _____
Ordinary and necessary operating expenses	\$ 0.00	\$ _____
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00 \$ _____
6. Net income from rental and other real property Debtor 1 Debtor 2		
Gross receipts (before all deductions)	\$ 0.00	\$ _____
Ordinary and necessary operating expenses	\$ 0.00	\$ _____
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00 \$ _____

Debtor 1	Braverman, Eric R.	Case number (if known)	
		<i>Column A</i> <i>Debtor 1</i>	<i>Column B</i> <i>Debtor 2</i>
7. Interest, dividends, and royalties	\$ <u>0.00</u>	\$ <u> </u>	
8. Unemployment compensation	\$ <u>0.00</u>	\$ <u> </u>	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			
For you	\$ <u>0.00</u>	\$ <u> </u>	
For your spouse	\$ <u> </u>	\$ <u> </u>	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ <u>0.00</u>	\$ <u> </u>	
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism.	\$ <u> </u>	\$ <u> </u>	
If necessary, list other sources on a separate page and put the total below.			
	\$ <u> </u>	\$ <u> </u>	
	\$ <u>0.00</u>	\$ <u> </u>	
Total amounts from separate pages, if any.	\$ <u>0.00</u>	\$ <u> </u>	
	\$ <u> </u>	\$ <u> </u>	
11. Calculate your total current monthly income.	\$ <u>30,000.00</u>	\$ <u> </u>	
Add lines 2 through 10 for each column.	+ \$ <u> </u>	= \$ <u> </u>	
Then add the total for Column A to the total for Column B.		= \$ <u>30,000.00</u>	

Debtor 1 Braverman, Eric R.

Case number (if known) _____

Part 2: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X

Eric R. Braverman
Signature of Debtor 1

Date March 2, 2017

MM / DD / YYYY

United States Bankruptcy Court
Southern District of New York, Manhattan Division

IN RE:

Case No. _____

Chapter 11

Braverman, Eric R.

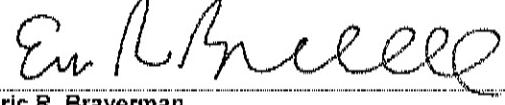
Debtor(s)

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(jes) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: March 2, 2017

Signature: _____


Eric R. Braverman

Debtor

Date: _____

Signature: _____

Joint Debtor, if any

200 Chambers St. Condominium
c/o Belkin Burden Wenig & Goldman LLP
270 Madison Ave # 5
New York, NY 10016-0601

304 Pas Owner LLC
304 Park Ave S
New York, NY 10010-4301

5W Public Relations LLC
1166 Avenue of the Americas Fl 4
New York, NY 10036-2750

AAA Financial Services
1415 Kellum Pl
Garden City, NY 11530-1695

Alexander Potruch, Esq.
666 Old Country Rd Ste 555
Garden City, NY 11530-2005

AnazaoHealth Corp.
5710 Hoover Blvd
Tampa, FL 33634-5339

Andrew J. Spinelli
295 Madison Ave
New York, NY 10017-6304

Ari Teman
140 7th Ave
New York, NY 10011-1843

Bank of America
Bank of America
PO Box 25118
Tampa, FL 33622-5118

Barry Berkman
521 5th Ave
New York, NY 10175-0003

Bender & Rosenthal LLP
451 Park Ave S # 8
New York, NY 10016-7390

Boies Schiller & Flexner LLP
575 Lexington Ave # 7
New York, NY 10022-6138

Bruno Patrick Bianchi, Esq.
9010 157th Ave
Howard Beach, NY 11414-2738

Can Capital
414 W 14th St
New York, NY 10014-1030

Chase
333 E 23rd St
New York, NY 10010-4710

CIT Financing Services
1 Cit Dr
Livingston, NJ 07039-5703

Citi
300 Park Ave S
New York, NY 10010-5313

Citi Bank Loan
300 Park Ave S
New York, NY 10010-5313

Court Reporter - Delores Hilliards
60 Centre St
New York, NY 10007-1402

Court Reporter - Diane Kavanaugh
60 Centre St
New York, NY 10007-1402

Court Reporter - Jeanette Lake - Mason
60 Centre St
New York, NY 10007-1402

Court Reporter - Monica Horvath
60 Centre St
New York, NY 10007-1402

Darya Braverman
39 N Moore St Apt 3B
New York, NY 10013-2493

Douglas Labs/HVL
600 Boyce Rd
Pittsburgh, PA 15205-9742

Elisheva Hannah Braverman
2283 3rd Ave Apt 3C
New York, NY 10035-1753

Frederick Charles Sake, PA
4770 Biscayne Blvd Ste 1400
Miami, FL 33137-3243

Fundation
c/o Jennifer Wood Collections
PO Box 2149
Gig Harbor, WA 98335-4149

Goldman Johnson
500 5th Ave # 34
New York, NY 10110-3399

Internal Revenue Service
Centralized Insolvency Operations
PO Box 7346
Philadelphia, PA 19101-7346

Itria Ventures LLC
1000 N West St # 1200
Wilmington, DE 19801-1058

Jack N. Posner
1100 Franklin Ave # 305
Garden City, NY 11530-1601

Jamie Andrew Screck, P.C.
Attn: Tempest Alston
520 8th Ave Fl 18
New York, NY 10018-6507

Johnson, Morgan & White
6800 Broken Sound Pkwy NW
Boca Raton, FL 33487-2721

Jonathan J. Braverman
1107 SW 149th Ln
Sunrise, FL 33326-1958

Joseph Bongiorno & Assoc.
250 Mineola Blvd
Mineola, NY 11501-2447

Karen Brand
36 Maple Pl # 207
Manhasset, NY 11030-1976

Kazlow & Kazlow
237 W 35th St Fl 14
New York, NY 10001-1905

Konica Minolta
485 Lexington Ave
New York, NY 10017-2630

Leon Borstein
420 Lexington Ave Rm 2920
New York, NY 10170-2902

Michell Cohen
c/o Callan, Koster, Brady & Nagler LLP
1 Whitehall St
New York, NY 10004-2109

MLS Funding
147 Main St Lower Level
Cold Spring Harbor, NY 11724-1425

Morgan Stanley
1 Penn Plz Fl 43
New York, NY 10119-4323

New York State Dept of Labor
75 Varick St Fl 7
New York, NY 10013-1900

NJ Medical Consultant - DeBlasio
c/o Joseph Bongiorno & Assocs.
250 Mineola Blvd
Mineola, NY 11501-2447

NY City Department of Finance
Bankruptcy Unit
345 Adams St Fl 3
Brooklyn, NY 11201-3719

NYC Dep't of Finance
Legal Affairs
345 Adams St Fl 3
Brooklyn, NY 11201-3719

NYS Dep't of Taxation
Bankruptcy/Special Procedure
PO Box 5300
Albany, NY 12205-0300

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PO Box 5400
Carol Stream, IL 60197-5400

Olga Gilmartin
c/o Jeffrey Benjamin, Esq.
11821 Queens Blvd Ste 501
Forest Hills, NY 11375-7207

Omar Salah
20 Pine St # 2302
New York, NY 10005-1432

Path Medical P.C.
304 Park Ave S
New York, NY 10010-4301

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1248 85th St
Brooklyn, NY 11228-3310

Petro Zinkovetsky, Esq.
1166 Avenue of the Americas Fl 4
New York, NY 10036-2750

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c/o Darya Braverman
39 N Moore St Apt 3B
New York, NY 10013-2493

Raoul Felder
437 Madison Ave # 36
New York, NY 10022-7001

Salem Media
4880 Santa Rosa Rd
Camarillo, CA 93012-5190

Santander
250 Lexington Ave
New York, NY 10016-4638

Savoy Bank
600 5th Ave Fl 17
New York, NY 10020-2322

Simon Miller
c/o Blank Rome LLP
405 Lexington Ave
New York, NY 10174-0002

Specialized Loan Services
Specialized Loan Servicing LLC
PO Box 636005
Littleton, CO 80163-6005

Sprechman & Fisher, P.A.
2775 NE 163rd St # 100
Miami, FL 33160-4078

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675 3rd Ave Fl 31
New York, NY 10017-5721

Steven DiNardi
12 Industrial Dr
New Brunswick, NJ 08901-3632

Wells Fargo
1010 Thomas Edison Blvd SW
Cedar Rapids, IA 52404-8247

Zeichner Ellman & Krause LLP
Attn: Nathan Schwed, Esq.
1211 Avenue of the Americas
New York, NY 10036-8701

Zeldes, Needle & Cooper, P.C.
Attn: Jason T. Prueher, Esq.
1000 Lafayette Blvd
Bridgeport, CT 06604-4725